



# Waiver Wise

## Technical Assistance for the Community Options Program Waiver COP-W

Wisconsin Department of Health & Family Services • Division of Supportive Living  
Bureau of Aging & Long Term Care Resources

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### **Determining Level of Care for People with Mental Health or AODA Issues**

#### **Background**

The level of care determination is one of the essential elements of determining non-financial eligibility for the CIP II and COP-W programs. This requirement is important because, similar to eligibility for Medicaid funding in a nursing home setting, waiver participants must be found to have a level of care that is consistent with Medicaid federal requirements. The CIP II and COP-W programs use the COP Functional Screen to make the level of care determination. To be eligible, the applicant must “pass the screen” at either Level I or Level II. Level I is equivalent to a nursing home rating SNF, while Level II is equivalent to ICF-1 or ICF-2.

In addition to the level of care requirements, the applicant must fit into a COP-W or CIP II target group as specified by federal regulations: elderly (65 and older) or physically disabled (age 18 and older). The CIP II and COP-W programs are prohibited from serving persons age 22 to 64, who would otherwise be eligible for admission to an institution for mental disease (IMD). The exceptions to this are the applicants who are under age 22 or over age 64 and/or those who are determined to be disabled and are level of care eligible for admission to a nursing home.

In the majority of cases, care managers have little difficulty establishing level of care eligibility within the target groups. Occasionally, however, persons who do not fit neatly into these definitions are assessed for waiver program eligibility. These are the cases in which the determination of eligibility for waiver services becomes a challenge. There are applicants between age 22 and 64 who will present with chronic mental illness or AODA problems that impact their health or ability to function independently. The COP functional screen, when employed to evaluate these applicants, may cause some confusion. This technical assistance document is intended to assist county agencies in determining level of care and eligibility for people who have mental health or AODA issues.

There are three key factors to remember when determining eligibility:

- *The prospective participant must be elderly or have a physical disability **AND***
- *The prospective participant must pass Level I or Level II on the COP Functional Screen **AND***
- *The prospective participant must have a disability determination*

### **Level of Care and Mental Health or AODA Diagnoses**

Cases in which participants have mental health problems or AODA concerns are complex because these problems often impact how people take care of themselves. It is not uncommon for people with mental health problems or AODA issues to neglect proper nutrition, hygiene, or basic health care. In order to be served by the waiver, a person with a primary diagnosis of mental health or AODA issues must have: a disability determination (even if it is based on a CMI diagnosis), a long term physical condition or illness and pass the functional screen at Level I or Level II. For all applicants, care managers can take into account how the person's mental illness or substance abuse impacts their ability to manage a physical condition or illness.

Below are some common scenarios that illustrate how a person may or may not meet the necessary level of care **and** target group for the CIP II and COP-W programs.

#### **Example 1**

Ben, age 42, has a diagnosis of paranoid schizophrenia. He is currently undergoing treatment for his mental health problems and has active delusions. He sees a therapist on a weekly basis and his psychiatrist every 2 months. In addition, he is involved in a Medicaid Certified Community Support Program and has a care manager assigned to him via that program. He is suspicious of others and requires a great deal of reassurance. A representative payee assists him with his finances because he has shown poor judgement in managing his money and meeting his basic needs of shelter, food, and clothing. In addition to this diagnosis, seven years ago he was involved in a motor vehicle accident resulting in quadriplegia. As a result of the quadriplegia he requires assistance with all shopping, meal preparation, and housecleaning. He uses a specialized van to access the community, as well as a motorized wheelchair that he activates by a sip & puff mechanism. He needs assistance with bathing, feeding, dressing, and transferring. He is on a bowel program twice a week, has an indwelling catheter, and needs to reposition himself frequently throughout the day to avoid skin breakdown. He requires assistance taking his medications because he cannot physically hold them.

*Ben is eligible for participation in the COP-W/CIP II program. If we disregard his mental health issues, he is still able to pass the COP Functional Screen based on his physical disability alone. His individual care plan involves services that will help him meet his physical care needs funded by either the waiver or MA. In addition, other services listed on the ISP will address his mental health concerns, namely care management provided by the CSP and funded by MA, psychiatrist and therapist visits paid by MA, and some recreational services paid by COP.*

### **Example 2**

Mark, age 42, has a diagnosis of paranoid schizophrenia. He is currently undergoing treatment for his mental health problem and has active delusions. He sees a therapist on a weekly basis and his psychiatrist every 2 months. In addition, he is involved in a Medicaid Certified Community Support Program and has a care manager assigned to him via that program. He is suspicious of others and requires a great deal of reassurance. A representative payee assists him with his finances because he has shown poor judgement in managing his money and meeting his basic needs of shelter, food, and clothing. He lives alone in his own apartment. Because he is reluctant to take his six different medications—all prescribed for mental health reasons—he needs supervision to ensure he has taken them correctly. He needs assistance and reminders regarding shopping, housecleaning, and some meal preparation because he sometimes becomes disoriented and/or shows a lack of interest regarding the need to complete these tasks. He is able to ambulate and take care of his personal cares. However, he does need reminders to take a bath or change his clothes.

*While Mark is able to pass the COP Functional Screen as Level II, he is not eligible for the CIP II or COP-W program because he does not fall into one of the two target groups: elderly or physically disabled. It is clear that mental health issues prevent him from completing activities of daily living or instrumental activities of daily living, but there is no physical disability that prevents him from completing these tasks. There is also no physical illness or injury that required adept oversight and attention. Mark may be an appropriate candidate for COP-R, BCA, or Community Support Program funding.*

### **Example 3**

Sherry, age 27, has the following diagnoses: alcohol and drug abuse, insulin-dependent diabetes and diabetic maculopathy. She was diagnosed with diabetes at a young age. Past records indicate alcohol and drug abuse beginning in her early teens. This continued substance abuse has had a negative effect on her diabetes. While living alone in an apartment, Sherry had a history of non-compliance with medical advice, refusing to take her medications (including insulin), and poor diet. Her doctor wanted her to follow an 1800-calorie diet that restricted salt and sugar. Sherry did not have much success maintaining this diet. As a result, she often developed complications with the diabetes and was hospitalized. Currently, Sherry resides in an eight-bed CBRF. The CBRF provides assistance with her ADLs and IADLs and monitoring of her 10 medications and diabetes. Since her move to the CBRF, her blood sugars have remained stable and she has not been hospitalized.

*Sherry is eligible for the CIP II or COP-W program. Although she is under 65 and has alcohol and other drug abuse (AODA) issues; she also has significant health issues. Her AODA issues play a factor in her ability to manage her health concerns. Although her health concerns are under control at the present time, she is unable to manage these concerns without supervision.*

#### **Example 4**

Betty, age 57, has the following diagnoses: paranoid schizophrenia, adult situational disorder with depression, post-cerebral vascular accident, angina, seizure disorder and esophageal ulcers. She currently resides in her own apartment in a low-income housing building. Betty is able to ambulate independently but needs supervision and prompting to manage her personal hygiene. She pays little notice to personal grooming or general housekeeping tasks and requires almost daily monitoring to manage a complex medication regimen. Home chore services are needed several times a week to maintain the apartment in a livable condition and complete laundry tasks. Assistance in meal preparation is also needed to ensure that Betty eats nutritional meals and has an adequate supply of staples on hand. The care manager visits very frequently to monitor her overall mental and physical health as well as to supervise her medication set up and supply. Over the past year, Betty has remained quite stable and has not required any hospitalization for her health issues.

*Betty is eligible for the CIP II or COP-W program. Although she is under 65 and has mental health issues; she also has significant health issues. Currently, these health issues require routine medical appointments and medication supervision. However, due to the complexity of the number and type of medications and physical health issues Betty has, she is unable to manage her health care adequately.*

#### **Example 5**

Stanley, age 60, has a long history of alcohol abuse. He has been staying at a local nursing home for the past four months and was appointed a guardian at the time of placement. Although his health has stabilized, he exhibits dementia. He has the following diagnoses: hypertension, gastroenterocolitis, and Korsakoff's syndrome, which is an organic mental disorder associated with chronic alcoholism and caused by Vitamin B1 deficiency. The syndrome is characterized by disorientation, confabulation, and lack of insight into the memory deficit. The guardian, with the help of the nursing home social worker, has made a referral to the county to determine if assistance can be provided to Stan in order for him to live out in the community. It is the guardian's hope that a less structured living arrangement may still meet Stan's needs. Stan needs daily assistance/reminders in taking his four medications. He also needs daily cues and reminders when taking care of his personal cares – primarily in bathing and dressing. He is able to ambulate without the assistance of any device. His guardian manages his finances, but Stan thinks he can still manage this on his own. He needs assistance with meal preparation, but he believes he knows how to cook and manage both a stove and a microwave. Past social history reveals that he has two sons, but he has not seen them in years. They are not available or interested in assisting him. Although Stan exhibits some independence, it is felt he needs daily supervision due to his dementia.

*Stan is eligible for participation in the COP-W/CIP II program as Level II. He is no longer able to make decisions or be completely independent because of the organic damage that has been done to his brain due to years of alcohol abuse. In other words, even though he no longer drinks, he cannot function without assistance and falls into the physically disabled target group.*

### **Example 6**

Dave, age 45, has a history of alcohol and cocaine abuse. He has gone through periods of time when he has been able to stop drinking and taking drugs, but he usually lapses back into these habits. Six months ago he was found disoriented in the street and taken to the detoxification unit where he stayed for two days. He currently resides in an 8-bed CBRF. The local AODA agency has made a referral to the county to determine if funding is available for Dave to continue to reside in the CBRF. It is felt that the more structured living arrangement offers Dave the best chance to stay clean and sober. Dave also wants to remain living at the CBRF. He feels that once he starts feeling better and can manage his sobriety and life without drugs, he can go back to living independently in an apartment setting. His doctor has prescribed Antabuse to treat his alcoholism. He needs reminders and assistance in taking it. He also attends both AA and NA on a daily basis. The AODA agency manages his finances for him. Over the years, because of his alcoholism and drug abuse, he has not taken good care of himself. He has not followed a good diet or good hygiene. However, with the help of staff and access to regular meals, sleep, daily hygiene, and encouragement, Dave is starting to feel stronger. A structured environment and the absence of alcohol and drugs have enabled Dave to become more focused and productive. With the help of his care manager and staff at the CBRF, Dave recently got a job as a janitor at a local mall. He is also beginning to reconnect with his parents and siblings.

*Dave is not a candidate for the CIP II/COP-W program. His dependency on alcohol and drugs has caused problems for him, but he does not have any physical disability. While it is clear that a structured environment has been very beneficial to him and he needs this support, he does not fit the appropriate target group for participation in the waiver program.*

Below are commonly asked questions that may assist in the determination of non-financial eligibility for COP-W/CIP II participants.

### **Commonly Asked Questions**

#### ***Question 1 – Can individuals with a mental illness be eligible for the waiver program?***

An individual with a primary diagnosis of mental illness who is under the age of 22 or over the age of 64 can be served by the CIP II/COP-W program if they meet an eligible level of care on the Functional Screen (i.e., Level I or Level II). Level of Care III on the Functional Screen is not an eligible level of care for the waiver program.

An individual with a mental illness who is at least age 22, but under age 65, may be eligible for the CIP II/COP-W program **IF** the reason the individual requires waiver program services is related to a medical condition or physical disability **OR** the person's inability to manage a medical condition or physical disability due to their mental health or AODA issues.

***Question 2 – Can a person over the age of 65 who has active mental health issues but limited physical problems be eligible for the CIP II/COP-W program?***

Yes. If the person passes the Functional Screen with a level of care determination of either Level I or Level II, they are eligible for the waiver program. It is important to note that a person age 65 or older with mental health issues may have difficulty (because of their mental health issues) managing the health-related needs of an elderly person. These health related needs may include: diabetes, COPD, hypertension, etc. For that reason, the participant is eligible if they pass either Level I or Level II.

***Question 3 – I now know I can serve a person with waiver funds who is under the age of 22 and who has mental health issues if they pass the Functional Screen either as Level I or Level II. But what happens when he/she turns age 22?***

On the participant's 22<sup>nd</sup> birthday, the care manager should complete another COP Functional Screen. If the participant cannot pass the Functional Screen due to a physical disability, then he/she would be terminated from participation in the waiver program. A ten-calendar-day written notice must be sent to the participant informing him/her that he/she is no longer eligible for participation in the waiver program. The reason given is that the person no longer meets the appropriate target group (i.e., physically disabled or elderly). However, the county may still be able to serve the participant with COP or Basic Community Aids (BCA) money if funding is available. The participant may also be a candidate for Community Support Program if he/she meets the appropriate criteria.

***Question 4 – If a care manager is uncertain whether or not a person is an appropriate candidate for the CIP II/COP-W program what should they do?***

There are several options available to the care managers.

- 1) Care managers should discuss these complex cases with their colleagues and/or supervisor. Discussing the facts objectively with others provides a new perspective and may help in the determination of eligibility.
- 2) Care managers are encouraged to call a COP-Waiver Quality Assurance Consultant at TMG and discuss the participant's circumstances. An objective dialogue may provide assistance in making the appropriate decision.
- 3) Another suggestion is to go over the COP Functional Screen with a pertinent health care professional. Their knowledge of the participant, as well as their ability to give insight into a person's physical condition, may be beneficial.
- 4) The care manager has the opportunity to get a Level of Care rating from the Bureau of Quality Assurance (BQA). The care manager should submit the COP Functional Screen (as far as they were able to complete it), a Health Form, and any other information the care manager feels may be helpful when requesting a formal level of care determination to TMG. This information will then be forwarded to BALTCR. BALTCR in turn submits the information to BQA and waits for their decision in writing. When a decision is made, the information is relayed to the care manager.

## **Conclusion**

Persons who have mental health or AODA problems sometimes need assistance to reside in the community and remain as independent as possible. But it is important to remember that they may not always be eligible for CIP II/COP-W funding, particularly if they are between the ages of 22 and 64. Counties may need to access other funding resources. These include regular COP, BCA, or community support funds. While it is true these funding sources may be limited, federal regulations are very clear about the specific target groups the CIP II and COP-W program must serve. Per 42 CFR 441.300(b)(6), individuals with a severe and persistent mental illness would be appropriate for a separate 1915c waiver, however this is not available in Wisconsin.